Gender and Water Resource Management and Sanitation

Case Studies of Zambia and Lesotho

By
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Background of the Study Area

- Zambia and Lesotho are landlocked countries in Southern Africa.
- Total populations of the two countries is: Zambia 11 million. 51% are women, 64% is rural.
- Lesotho has a population of 2,167,000 of which 900,000 are women.
- 40% and 62% of people in Zambia and Lesotho respectively have access to clean water and sanitation.
- Figure drops significantly in rural areas where access to clean water is non-existent.
• Case studies developed from two rural communities of Julius Compound and Kolontsho village

• Main objective of the case studies was to assess the water and sanitation situation in the two communities for policy formulation

• Poverty levels are very high. 80% of the people live on below USD1 per day

• Main economic activity is subsistence farming

• Access to health facilities poor.
Access to Water

- Both communities have limited access to clean and safe water sources.
- For Zambia: main water source is an unprotected shallow nicknamed ‘katuzvi dam’ meaning ‘Feaces Dam’.
- Supported by two unprotected wells
- The only source of clean and safe water is 8 km away
- In Lesotho study area 30% have access to taped water and 70% use the spring.
Katuzvi Dam (Julius Compound)
Water sources in Zambia (Julius Compound)
• Tests were carried out on water from the wells in Zambia and the spring in Lesotho, the results showed that the water was heavily contaminated with pathogens, organic and inorganic compounds.

• During the dry season the wells and the spring run dry and women have to walk over long distances (16km-Zambia, 4km-Lesotho) to fetch water.

• Due to the water scarcity women spend an average of 6hrs (dry season) 3hrs (wet season) per day in search of water.
Access to Sanitation

• Over 80% and 90% of households in Julius Compound and Kohlontso respectively do not have access to toilets.

• Most of the households use the bush as toilets.

• The available toilets include pit latrines which are sub standard.
• The lack of access to sanitation facilities impacted heavily on women and girls because of their biological make-up.

• During menstruation girls don’t go to schools.

• Households with chronically ill patients were the worst affected as they needed water and sanitation facilities.
Pit Latrines in the community, these are less than 10m away from wells, the standard distance should be more than 20m. The latrines are contaminating the underground water reserves.
Inside a pit latrine. Please note the filth on the floor. At this household there is a chronically ill patient probably an HIV patient who has chronic diarrhoea. The whole household is exposed to unclean conditions and risked infection.
Main Recommendations

• That there is need for a holistic demand-responsive and people-centred approaches to address the water and sanitation issues.
• Women should play a major role in water resource management and sanitation provision.
• There is need to engage relevant government departments and highlight the plight of the people.
KEY MESSAGE FROM SOUTHERN AFRICA

LOCAL OWNERSHIP AND EARLY INVOLVEMENT OF PARTICIPANTS AT THE LOWEST APPROPRIATE LEVEL ARE CRUCIAL FOR SUSTAINABLE SOLUTIONS BUT DIFFICULT TO REALISE IN PRACTICE